

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

COSMETICIAN REGISTRATION

FEE: \$25.00**(Make payable to the Credentialing Division)**

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) This section is public information and will be displayed on the INTERNET (http://www.hhs.state.ne.us/lis/lisindex.htm)					
1.	NAME:	First	Middle	Last	
2.	ADDRESS:	Street/PO/Route			
		City		State	Zip
3.	TELEPHONE #: (Optional)				
4.	DATE OF BIRTH:		5.	PLACE OF BIRTH (city/state):	
6.	SOCIAL SECURITY #: (this is NOT public information and will not be on the Internet) It is required for child support enforcement purposes; and for potential disclosure of reportable actions to the Federal department of Health and Human Service's Healthcare Integrity and Protection Data Bank (HIPDB)				

SECTION B - COSMETICIAN INSTRUCTION (All applicants must complete this section)			
1.	Name of Employer, Manufacturer, or Name of Distributor providing Instruction in chemical properties and potential reactions to cosmetics received by	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.	I have received instruction of actions to take in the event of chemical reactions?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Name of Instructor:		

SECTION C - EMPLOYMENT					
List below the Name, Location, Telephone Number and Dates of Practice as a cosmetician:					
Name of Employment	City	State	Telephone #	Date Began	Date Ended
<u>OR</u>					
If you do not have experience as a cosmetician, do you intend to become employed as a cosmetician?				<input type="checkbox"/> yes	<input type="checkbox"/> no

SECTION C - AFFIDAVIT (All applicants must complete this section of the application before a Notary Public)

STATE OF _____)
COUNTY OF _____) ss

I, _____, being duly sworn say that I am the person referred to in this application and that the statements herein are true and complete.

(Legal Signature of Applicant)

Sworn before me this ____ day of _____, _____.

(Notary Public)

S E A L